		662 other than CHC Hospitals, 16735 Primary Health Centres (PHCs) have their own Rogi Kalyan Samitis (RKSs) with untied funds for improving quality of health services.
6.	Village Health & Sanitation Committees	2.98 lakh villages (nearly 50%) have their own Village Health & Sanitation Committees out of which 2.10 lakh have received Rs.10,000/- untied grant for local action.
7.	Village Health & Nutrition Days	30.48 lakh in 2006-07, 44.76 lakh in 2007-08 and 13.35 lakh so far in 2008-09, Village Health & Nutrition days organized at ICDS Centres to reach basic health services.
8.	Mobile Medical Units (MMUs)	212 MMUs functional so far.
9.	AYUSH	4853 health facilities have co-located AYUSH services. 3933 AYUSH Doctors and 831 AYUSH paramedics added to the system.
10.	Programme Management Units	398 District Programme Managers, 434 District Accounts Managers, 433 District Data Managers, 523 District Programme Management Units (DPMU), 34 State Programme Management Units (SPMUs), 1261 Block Managers, 1413 Accountants, 2550 Block PMUs added under NRHM.

Health care facilities in the country

613. SHRI RAMDAS AGARWAL:
SHRI DARA SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether health care facilities in the country are grossly inadequate;

(b) whether the ratio of hospital beds per thousand people is an abysmal 1.5 as against the World Health Organisation standard of 3.2 beds;

(c) whether in view of this, Government is considering to give more role to private sector in boosting the facilities to health;

(d) if so, what are the concrete steps Government has taken till date to provide adequate health care in the country; and

(e) whether National Health Policy of the country has been finalized and if so, the salient features thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) National Rural Health Mission (NRHM) launched in 2005 is seeking to address the inadequacies in health infrastructure through provision of funds to public health as per the norms enlisted in Indian Public Health Standards (IPHS). The State/UTs Governments reflect their priorities for upgradation of health services in their annual Programme Implementation Plan under NRHM. Funds are released to State/UT Governments as per the approval of National Programme Coordination Committee (NPCC) under NRHM.

Though the major objective is strengthening the public health system, NRHM seeks engagement for pro-people partnership with voluntary sector for improved access and delivery of health services especially to, the vulnerable sections of the society.

(e) Yes, Sir. The main objectives of the National Health Policy 2002. of the country are as under:

- To achieve an acceptable standard of good health amongst the general Population of the country.
- Increased access to the decentralized public health system by establishing new infrastructure in deficient area and by upgrading the infrastructure in the existing institutions.
- To ensure more equitable access to health service across the social and geographical expanse of the country.
- Emphasis will be given to increasing the aggregate public health investment through a substantially increased contribution by Central Government.
- The contribution of private sector in providing health services would be much enhanced, particularly for the population which can afford to pay for services.
- Primacy will be given to preventive and first line curative initiatives at primary health level through increased sectoral share of allocation.
- Emphasis will be laid on rational use of drugs within the allopathic system.
- Increased access to tried and tested systems for traditional medicine will be ensured.

Appointment of health experts in rural areas

614. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government proposes to appoint public health experts in rural areas of States especially in hilly areas like Himachal Pradesh for effective implementation of health care schemes;

(b) if so, the details of the way these experts tackle the problems in the States;

(c) whether these experts would also organize campaign for making people of rural areas aware of the health schemes; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) National Rural Health Mission (NRHM) provides for Human